

University of Dundee

Lebanese women and sexuality

Azar, Mathilde; Kroll, Thilo; Bradbury-Jones, Caroline

Published in:
Sexual and Reproductive Healthcare

DOI:
[10.1016/j.srhc.2016.01.001](https://doi.org/10.1016/j.srhc.2016.01.001)

Publication date:
2016

Document Version
Peer reviewed version

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):
Azar, M., Kroll, T., & Bradbury-Jones, C. (2016). Lebanese women and sexuality: A qualitative inquiry. *Sexual and Reproductive Healthcare*, 8, 13-8. <https://doi.org/10.1016/j.srhc.2016.01.001>

General rights

Copyright and moral rights for the publications made accessible in Discovery Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from Discovery Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Lebanese women and sexuality: A qualitative inquiry

Abstract

Objectives: This study explores the meanings middle-age Lebanese women attribute to sexuality and sexual life and how these constructs are shaped socially, culturally, and politically.

Study design: Using a qualitative design, data generation comprised semi-structured individual interviews (n=18) and one focus group (n=5) with Lebanese women aged 40-55 years. Framework analysis was used for data analysis.

Results: Inductive analysis identified four themes: Sexuality as imposed by sociocultural and gender norms; sexuality as a symbol of youthful femininity; sexual life as a fundamental human need; and sexual life as a marital unifier and family stabiliser. Findings show that women's sexual self is largely defined based on men's needs. Women sacrifice themselves to maintain family cohesiveness, which they regard as the core of society. However, some women challenged social norms and therefore bringing new meanings to their sexuality.

Conclusion: This study offers new, contextual information about the understanding of sexuality of middle-aged women within a Lebanese context, where the topic is not openly discussed. New insights are important to provide women with professional support that is culturally sensitive and appropriate.

Keywords: Qualitative research, Sexual life, Sexuality, Middle-aged women, middle-East

Highlights

- The study is the first of its kind in Lebanon as it provides insights into Lebanese women's sexuality as embedded in the culture and expressed in respect to social norms and sexual scripts.
- Women in the study perceived sexual life as fundamental for the physical and psychosocial wellbeing of men and women.
- Sexuality, youthfulness/attractiveness were regarded as mutually linked, rendering ageing and menopause for many women incompatible with sexual life.
- Women described satisfying their husband's sexual needs because in return, they gain his cooperation to maintain family bounds.
- Understanding sexuality as contextually constructed is crucial for health professionals (particularly midwives) who are in close contact with women to offer them culturally sensitive sexual healthcare.

Introduction

Research on female sexuality has largely neglected women's own construction of their sexuality [1]. This is particularly true for non-Western contexts such as the Middle East. This view emphasises gender differences that maintain men's power and silence women's voice rendering them with little power to negotiate their sexual concerns and preferences [2; 3]. The biased representation of female sexuality has been the foundation for mental and sexual health problems and has negatively affected women's self-image and expression of their sexual needs [3].

Social researchers and feminist scholars have attempted to shift female sexuality from biological determinism and conventional social script that determine what is natural/good or unnatural/bad, to a legitimate right [2]. They have heeded the call for more qualitative research that captures the diversity of meanings and nuances that characterise women's sexuality [4]. Women's own voice gives the opportunity to gain new insights into the reality of their sexual emotions and experiences and the different forces that regulate their sexual-self.

Sexuality is a multidimensional and complex phenomenon that is influenced by the interplay of many physiological, emotional and sociocultural factors [5]. It is an individual experience that is expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships [6]. In this paper, we use the term sexuality broadly to encompass sexual identity, sexual health and sexual activity. We use sexual life to mean sexual relationships and activity.

Among middle-age women, sexual life may change as a result of hormonal changes [7], psychosocial factors [8] and cultural influences [9]. Researcher has shown that with increased age, some women seem less interested in the sexual aspects of life, placing greater emphasis on other priorities that are socially valued like caring for a child or a sick person [10; 11]. Other women report a positive view of their sexual life and reject the asexual cultural representation of older people [12].

In Middle Eastern countries including Lebanon, sexuality is highly politicised and affected by gender inequality, social traditions and ignorance [11; Khalaf as cited in 13]. This is despite the advocacy for women's sexual rights [14; 15]. Control over women's bodies and sexuality reflects one of the strongest indicators of patriarchal societies [14]. In Lebanon, the rise of feminist and social movements, globalisation and socioeconomic changes have contributed to new sexual discourses characterized by openness. Yet, sexuality is still regulated by patriarchal and religious beliefs [16; 17] and these tend to reinforce female sexual modesty, passiveness and submissiveness. Sexual research is scarce particularly among middle-aged women. With the ageing population and the increasing recognition of the importance of sexuality throughout the lifespan, studies that explore women's own sexual reality are crucial to guide professional policies and interventions in promoting a healthy sexual life.

This study explores middle-aged Lebanese women's understanding of sexuality and how this is shaped by the personal, sociocultural and religious context.

Methods

This paper is based on an exploratory qualitative study that focuses broadly on the issue of the sexuality of middle-aged Lebanese women.

Participants

The sample comprised 23 women aged 40–55 years. Eighteen women participated in individual interviews and five in a confirmatory focus group to verify and expand findings generated through the individual interviews [18]. As shown in table 1, women of various sociodemographic characteristics and menopausal status were recruited from mammography units in two university hospitals in Beirut [18]. The aim of the heterogeneous sample was to capture a range of women's perspectives and generate rich data that reflected the different meanings of their sexuality. We used snowball sampling to reach women whose characteristics mirrored those of the main sample.

All Lebanese women 40-55 years, irrespective of their sexual orientation or marital status, were eligible to participate in the study. We excluded women who had acute or chronic health conditions at the time of the interviews as their health condition interfere with the perception and experience of sexuality, thus adding another layer of complexity to the interpretation of findings [19].

The primary researcher (MA), a Lebanese midwife, carried out the recruitment of participants. She met women in the mammography unit, informed them about the study and invited them to participate. Recruitment was a long and difficult process as most women were reluctant to talk about sexuality; a sensitive topic in Lebanese society. Many who consented to participate at the time of recruitment, later declined at the time of the interview. Only one single woman participated which may reflect social sanctioning in Lebanon of sexual activity out of marriage. As a clinician, MA's experience in dealing with sensitive topics in a confidential, professional and supportive manner helped her overcome these difficulties balancing her interest as a researcher with the women's interests and preferences.

Data generation

Individual, face-to-face interviews were conducted in Arabic, the official Lebanese language. In view of the sensitive nature of sexuality and the lack of information available about the topic, this method has the advantage of being confidential and allows the generation of in-depth and rich descriptions [20, 21]. Women were interviewed for 30-90 minutes in a private place of their choice. They were asked to respond to and expand on one broad question: '*What is the meaning you ascribe to sexuality?*' and were probed to get a deep understanding of the topic. Women were free to reflect on their sexual perceptions, feelings and experiences.

A two hour focus group was conducted by MA. It was based on a semistructured interview that emerged from findings. MA explained the purpose of the session which is to discuss and expand on findings of the individual interviews. She introduced women to one another in an environment that helped them openly talk and exchange their views. The interviews and focus group were opportunities for most of the women to articulate their sexual concerns for the firsttime. Data were digitally-recorded and transcribed verbatim.

MA carried out the process of translation and back-translation between Arabic and English. Initial data analysis was undertaken by MA in the language of the participants. This was deemed important for preserving the meaning that is inherent to the culture. However, so that the analysis and interpretation were not singular activities; to enhance analytic rigour, all three researchers (one Lebanese and two from the UK) were involved in data analysis. The confirmatory focus group was another strategy to ensure credibility of findings.

Data analysis

Framework analysis [22] was used to analyse data. This method uses a systematic approach to identify and organise codes, categories and themes. The preliminary transcripts were read repeatedly before a list of codes based on recurrence and relevance to the research questions were identified and assigned to the transcribed data. A flexible conceptual framework of themes and subthemes was iteratively developed involving back-and-forth reflection within and across transcripts. Extracts from transcripts were then summarised and classified into charts containing the key themes. A thematic chart was created where the different categories were compared within and across participants, then collapsed and refined taking into consideration commonalities and deviant cases to avoid over-generalisation. The three authors separately analysed two transcripts that had been translated from Arabic to English. These analyses were then compared among the team. Four central themes emerged from consensus discussions among the authors.

Ethical considerations

Institutional research board approval was obtained from the University of Balamand, Faculty of Medicine and Saint George Hospital University Medical Centre. Prior to participation, all women signed a consent form and their permission was sought for tape-recording the interviews. Confidentiality was guaranteed and pseudonyms were used.

Results

All interviewed women were married but two were widowed, one divorced and one single. Their mean age was 47 years. Three had a university degree, nine had reached secondary education, six intermediate education and the others had elementary or no formal education. Eleven women had entered the perimenopause or menopause. Ten were Christian and 13 were Muslim. Ten participants were employed.

Table 1 shows the four principal themes and their description. The themes illustrate women's perception of sexuality as an essential component of the personal and marital life that is regulated by gender-based social rules.

Meaning of sexuality	
Themes	Description
Sexuality as imposed by sociocultural and gender norms	Women reflected on sexuality as dictated by normative views and gender-based social scripts.
Sexuality as a symbol of youthful femininity	Women pointed to the menopausal changes that might affect sexual life.
Sexual life as a fundamental human need	Sexual life, defined as sexual activity/relationship with the husband, is viewed by women as an essential element of their life.

Sexual life as a marital unifier and family stabiliser	Sexual life is a means that women use to gain agency.
--	---

Sexuality as imposed by sociocultural and gender norms

The majority of the participants criticised the double standards and gender discrimination that support men's sexual rights and freedom and confine women to chastity and fidelity. The distinction between men's and women's sexuality was clearly reflected in their narratives in terms of perception, needs, outlooks, and expectations. Women perceived men's sexuality as physically oriented with the most important aspect being to have their desires met without caring about the feelings of their partners or the presence of suitable conditions for sex. While women equated men's sexuality with intercourse, they described their own in a broader sense that encompassed the body as well as the mind. For women in the study, intimacy, love, tenderness, respect and understanding were the backbone of sexual life. As two women said:

As for woman, for me, "it is more spiritual". There is a lot of affection, tenderness. We have to be sure that these things are always present and take care of them... However for men, probably it is mostly related to intercourse. Things around it are not that important (Asma, 44y/married/university/instructor).

The man is always ready, but the woman; no. She should be physically and psychologically ready for it. For man it does not matter... (Dima, 48y/married/university).

Although women criticised men's sexual behaviour and attitude, they tended to assume that their husband's desires were pressing and therefore, as part of their role as a spouse, they described sacrificing themselves to satisfy him. Few of them (Asma, Dima, Lana and Lubna) who were highly educated and economically independent claimed that they refused to respond to men's advances if they themselves were not ready for sex. However, Dima's narrative was not consistent with this as sometimes on perceiving that her husband's sexual desire is greater than hers, she described responding to his needs:

A man has more desire than a woman. For me I do it sometimes just to please him... A man has it as an urgent need; more than a woman (Dima, 48y/married/university/employee).

Some participants, especially those with low education, expressed their intolerance of women who are interested by sex:

A wise, smart, and conscious woman does not think about sexual issues. She is concerned by her children. I do not care. I do not think about this thing. I do not think about this entire thing (Khawla, 55y/married/no formal education/housewife).

Participants of the focus group related women's submission to sociocultural factors. These included their economic dependence; the holy Christian matrimony that is hard to break in Lebanon; the fear of social stigmatisation; and the need to let children grow in a family environment.

Participants' narratives further emphasised double standards by considering single women (either non-married, divorced or widowed) as asexual. The two widowed participants claimed sexual abstinence after the death of their husband to prove their faithfulness to him:

I am not sure now what sexual life means because my husband is dead. I do not want to cheat on him. I am widowed; I do not want to commit a sin. I want to keep my memories with my husband because he was loyal with me. I do not at all think about another sexual life with another person (Chaten, 50y/widowed/secondary/housewife).

Internalising negative sexual messages that reinforce female sexual repression, women attributed sexual power and leadership to men and passivity and obedience to themselves. The majority of Muslim participants referred to the Islam's Sharia law to ascertain the gender sexual power differential. They explained that sex is a religious obligation to them. They are expected to satisfy their husbands. Women's sexual obedience is a means of worshipping *Allah* (God) and in return, their husbands owe them respect.

We as Muslim, the religion incites woman to put on makeup and propose to her husband. It is her duty to ensure his sexual rights and satisfy him. God gave man more energy; that is why maybe the religion encourages him to marry one, two or three women (Hana, 50y/married/secondary/housewife).

Sexual life means nothing for me; I do it for my husband. I cannot refuse; otherwise, I would not have got married (Oumaya, 46y/married/intermediate/housewife).

Sexuality as a symbol of youthful femininity

Many participants saw an immediate connection between sexuality and youthful femininity. They described menses as the guarantee of sexual life and menopause as a threat to their youthfulness and 'sexy' appearance particularly as in Lebanon menopause is commonly described as the '*hopeless age*':

The woman is worried about cessation of menstruation; consequently her husband will stop loving her. This is because he believes that menses and sexual relationship are closely linked to one another... he thinks that she will not be any longer responsive to him. This frightens women (Fadwa, 47y/single/secondary/employee).

Menstrual cycle makes you feel that you are still young and very active; you have energy and vitality. You refuse not to get your menstruation. If you realise that you will not get it anymore or you are close to menopause, you will get depressed (Inass, 42y/married/university/employee).

I am so afraid. I think that I have already reached this age (50 years), what will happen?... If a woman loves her husband, it is so difficult. Minimum, you feel that you got older. I seriously think that I will get my menopause; my husband will tell me 'you are menopausal; this is the age of hopelessness'. I will realise that I get older and my husband will look at another woman. You think about these issues...(Lana, 50y/married/secondary/housewife).

Thus, some women perceived their active sexual life as limited to the age before 50. In contrast with their own sexuality, they believed that men would be sexually active up to the age 60 or 70. To ensure men's satisfaction and maintain women's self-esteem, Dima suggested delaying menopause by the use of hormonal pills, whereas two women of the focus group (Widad, 40y/married/secondary; Sala, 55y/married/elementary) suggested undergoing plastic surgery to reconstruct her genital anatomy and look younger:

When the menopause happens, a man still has the need while this is not the case for his wife. Then you are afraid that man will look for other relationships... This is a problem. That is why it would be better if science encourages the delay of menopause... As long as a woman is strong and able to fulfil her sexual duties, her life is more successful (Dima, 48y/married/university/employee).

Contrary to this view, other participants reported a decrease in sexual desire with increasing age for both women and men. Others viewed menopause as a way to enjoy sex with no restriction or fear of pregnancy. For instance, Lubna described older couples as 'love birds' particularly after their children have left the home. Moreover, Lubna and Karine reported becoming aware of their body and experiencing the peak of sexual pleasure in their forties.

I am now 40. I feel that my body is better than before. Maybe because I became more mature; I know more what I want when I am with a man and how I enjoy myself. Before, no, you were not like that. Your main concern was to satisfy your husband. You were not caring about yourself. Now, no! You want to satisfy him and yourself. Maybe because you are more aware about your body needs. At this age, you appreciate your body. You are self-confident and the other has to accept you the way you are; you impose yourself (Lubna, 40y/divorced/secondary/employee).

In the same vein, Widad, a participant of the focus group confirmed that:

Sexual needs are the same for man and woman. If the woman learns how to get her orgasm, she will never accept to do sex without reaching this feeling (Widad, 40y/married/secondary/employee).

Sexual life as a fundamental human need

The majority of women perceived sexual life as the expression of a fundamental need that goes beyond the sexual act to ensure physical and psychosocial fulfilment. The account 'A balanced and healthy person should have a balanced and healthy sexual life' (Asma, 44y/married/university/instructor) reflects the dynamic aspect of sexuality that is contextually bound and linked to the individual's wellbeing. Sexual life is equated with quality of life; it is a source of support, satisfaction, affection, security, self-confidence, motivation. The inevitable need for sexual life was expressed by terminologies such as 'must, necessity, essential, important, everything in life, like water and food...'. Assuming that 'Without sexual life there is no life' (Chaten. 50y/widowed/secondary/housewife), one participant although veiled and expressing a strong religious conviction, saw justification in couples' infidelity if they were not sexually satisfied.

Being socialised to repress their sexuality, women seemed to exhibit ambivalence between their thoughts and acts. Although they seemed to recognize the importance of sexual life, only two expressed their sexual desire and keenness to be sexually active and satisfied. Almost all claimed that sex was their husband's interest and priority, rather than theirs.

Sexual life as a marital unifier and family stabiliser (and vice-versa)

As the family union is a priority in the Lebanese society, women described the use of sex as a strategy to maintain marital and family stability. Reciprocally, they perceived a harmonious family environment as conducive to a satisfying sexual life. 'If there is a balance between a man and a woman (in sexual life), the household functions well', said Hana (50y/married/secondary/housewife). This quote reflects the stance of almost all the participants regardless of their background. Sexual life and household stability are interdependent and guarantee each other:

Sexual and family life; if one is successful, the other one succeeds. If one fails both of them fail... It is a necessity; it is a necessity (sexual life) to maintain family life. This keeps the union of the spouses (Dima, 48y/married/university/employee).

Sexual life was perceived as a buffer for daily stressors and marital conflicts. As illustrated by Chaten, 'forgiveness between man and woman is in sexual life'. Attending to their husband's sexual needs was seen as the most powerful means to keep him close to them:

Having sex once or twice a week is very important to maintain affection, tenderness even if the woman is overwhelmed. For me, as much as they have trouble... there is nothing that unites man and woman more than love (Beatrice, 54y/married/secondary/housewife).

Conversely, in the absence of a suitable environment, some participants described sexual life as a heavy burden.

This thing (sexual life) is emotional and physical; spouses express in this way (sex). It is so difficult for woman to accept (sex) if she is not physically and emotionally comfortable... even if religiously it was a duty (Muslim)... you feel that as if you were stabbed(Dima, 48y/married/university/employee).

This multidimensional view of sexuality was also expressed by the focus group participants. They discussed the close interrelation between sexual and general elements of life. They also highlighted women's capacity to use sex as a commodity to render men lenient, undermining their power but also commitment to protect the family.

... Sometimes they do it just to keep their husband close to them... compliant and responsive to their needs... If man does not receive all his rights from her (his wife), he either leaves her or cheats on her... the house becomes like a hell...(Sala, 55y/married/elementary/housewife).

In summary, women's understanding of sexuality resonated with their personal and family life as sexuality provides personal satisfaction and maintains family bonds. It also asserts

women's femininity. These attributed functions are regulated by sociocultural norms that appear to value men's sexuality over women's. These findings are discussed in the next section.

Discussion

This study shows the experiential meaning of women's sexuality and its multifaceted sociocultural layers. It reveals how traditional and patriarchal structure dominates their sexuality, although some nuances were observed. Nearly, all the women reflected on gender-based sexuality. However, women with low education appeared to internalise the acquired rules and favoured their husband's sexual needs, further legitimising gender disparity. This was reinforced among the majority of Muslim participants where sex in Islam is a duty imposed on married women [14]. Women's economic dependence on the husband, as most of them do not work, might also contribute to the continuation of men's sexual favouritism. Women dominated by men, marginalised and economically dependent, are more likely to be exploited and less likely to negotiate their sexual agency [23, 24]. In contrast, highly educated women particularly those working outside home voiced their embarrassment and criticised the privilege bestowed on men's sexual needs. It might be that the emergence of feminists and civil rights movements has led to a new understanding of sexuality that encouraged women to highlight their sexual rights and condemn gender discrimination [14].

For women in the study, sexuality contained multiple elements, including love, intimacy and attention. Sexuality appears to have different functions: it is fundamental for the physical and psychosocial wellbeing, it serves as a symbol of femininity and youthfulness, and it is a presumed guarantee of spouses' closeness and for family cohesiveness. Finally, it is a power for agency and negotiation. This confirms that a whole context of meanings regulates sexuality within everyone's personal and environmental background [12; 1].

The association between sexual life and personal sacrifice in order to serve and please their husband is central to all themes. Irrespective of love, women's behavior endorses the culturally constructed double standards and gender hierarchy. Social conception of women's sexuality makes them accountable to men and passive recipients to their needs. It is also conceivable that women might have reduced sexual desires or might be too shy to voice their sexual needs and pleasure; thus, they claim that they are having sex only to satisfy their husbands. Self-sacrificing is a woman's characteristic that grants her power and social value, 'the body-for-other', described as "having sex for others' pleasure" [25]. This has an important social significance within the Lebanese context where marriage is a powerful institution and the family is the core of the society. Women's behaviour was valued as a way to protect the family rather than an expression of sexual passivity [26]. Yet, it was equated to an unequal gender and sexual power relation [27].

The majority of women made a clear distinction between their own and men's sexuality, describing themselves as sexually emotional and men as sexually instinctive. They praised men's masculinity throughout the lifespan and confine their femininity to the reproductive age. Although menopause is a critical period of women's lives, their sexual function is not only affected by hormonal changes [28; 29]; the quality of a relationship and the cultural backgrounds have even greater impact [9]. Some participants corroborated this assumption by asserting their sexual self-awareness and confidence at middle-age. They claimed their rights to be sexually

satisfied alongside with their husband. Women's asexual representation is a cultural bias that has been rejected [12]. This bias that highlights the complexity of female sexuality is reinforced by the negative media messages which objectify women's body to fit standards of young femininity that respond to men's admiration [30].

Sexual life being recognised only within marriage partly explains why the study sample included only one single woman. Even the two widowed participants remained faithfulness to their husbands. In Lebanon, women's chastity is a desirable social image that grants them value and respect [31]. Women were proud to perpetuate the legitimacy of sexual life only through marriage confining it to strict social scripts that dictate what is correct and accepted and what is immoral and forbidden. In this respect, findings support Simon and Gagnon's view that sexuality is regulated by social scripts and heterosexual intercourse [32]. Contemporary Lebanese society is becoming more open-minded and some women in the study criticised the conservative construction of sexuality. Some even challenged social norms to build new sexual meanings that meet their expectations. The majority however, tended to maintain the desirable social image of women who attend to others' needs rather than claiming their own.

Limitations

A principle methodological limitation was the considerable potential for language and nuanced cultural complexities and understandings to be 'lost in translation' among the two non-Lebanese, non-Arabic speaking researchers in the team. Despite this however, there was considerable congruence and agreement in the individual analyses, which created confidence in the robustness of the analytical processes. Participation of women of different marital statuses and sexual orientations may have enriched the understanding of women's sexuality. In addition, the majority of women were recruited from medical centres which might limit the variability. This justified the use of snowball sampling.

Conclusion

This study highlights the need to prioritise sexuality within the health agenda in Lebanon to raise social awareness and empower women to develop their sexual agency and have control over their bodies. The study is the first of its kind in Lebanon. It provided women with an opportunity to break the taboo and articulate their thoughts and experiences about sexuality. It provides new understandings of a sensitive, previously uninvestigated aspect of women's life within a Lebanese context. Findings might assist health professionals in providing relevant and sensitive sexual healthcare. Although unique in its sociocultural identity, researchers from other countries – particularly those with similar characteristic– can consider the transferability of findings from this study to their own context.

References

- [1] Bellamy G, Gott M, Hinchliff S, Nicolson P. Contemporary women's understandings of female sexuality: Findings from an in-depth interview study. *Sex Marital Ther* 2011; 26:84–95.
- [2] Kaschak E, Tiefer L. A new view of women's sexual problems. London: Haworth Press; 2001.
- [3] Daniluk JC. The meaning and experience of female sexuality: A phenomenological

- analysis. *Psychol Women Quart* 1993; 17:53-69.
- [4] Basson R. A model of women's sexual arousal. *J Sex Marital Ther* 2002; 28:1–10.
 - [5] DeLamater J. Sexual expression in later life: A review and synthesis. *J Sex Res* 2012; 49:125-141.
 - [6] World Health Organization (WHO). (2006). Defining sexual health: Report of a technical consultation on Sexual Health. WHO: Geneva
 - [7] Ringa V, Diter K, Laborde C, Bajos N. Women's sexuality: From aging to social representations. *J Sex Med* 2013; 10:2399–2408.
 - [8] Dennerstein L, Lehert P, Burger H. The relative effects of hormones and relationship factors on sexual function of women through the natural menopausal transition. *Fertil Steril* 2005; 84:174–80.
 - [9] Avis NE, Zhao X, Johannes CB, Ory M, Brockwell S, Greendale GA. Correlates of sexual function among multi-ethnic middle-aged women: Results from the Study of Women's Health Across the Nation (SWAN). *Menopause* 2005; 12: 385-98.
 - [10] Binfa L, Robertson E, Ransjo-Arvidson A-B. Chilean women's reflections about womanhood and sexuality during midlife in a Swedish or Chilean context. *Health Care Women I* 2009; 30:1093–1110.
 - [11] Kadri NK, Mchichi-Alami S, Berrada. Sexuality in Morocco: Women sexologist's point of view. *Sexologies* 2010; 19: 20-23.
 - [12] Hinchcliff S, Gott M. Challenging social myths and stereotypes of women and aging: Heterosexual women talk about sex. *J Women Aging* 2008; 20:65–81.
 - [13] Khalaf S. and Gagnon, J. (Eds.). Sexuality in the Arab World. United Kingdom: Saqi Books; 2006.
 - [14] Ilkkaracan P. Deconstructing sexuality in the Middle East. UK: Aldershot, Ashgate; 2009.
 - [15] Sabbe AH, Oulami S, Hamzali N, Oulami F, Zehra-Le-Hjir, Abdallaoui M, Temmerman M, Leye E. Women's perspectives on marriage and rights in Morocco: risk factors for forced and early marriage in the Marrakech region. *Cult Health Sex* 2015; 17:135-149.
 - [16] Awwad J, Nassar A, Usta I, Shaya M, Younes Z and Ghazeeri G. Attitudes of Lebanese University students towards surgical hymen reconstruction. *Arch Sex Behav* 2013; 42:1627–1635.
 - [17] El-Kak F. Sexuality and sexual health: Constructs and expressions in the extended Middle East and North Africa. *Vaccine* 2013; 31S: G45–G50.
 - [18] Denzin NK, Lincoln YS. The SAGE handbook of qualitative research. 3rd ed. Thousand Oaks, CA: Sage Publications; 2005.
 - [19] Kralik D, Koch T. and Telford K. Constructions of sexuality for midlife women living with chronic illness. *J Adv Nurs* 2001; 35: 180-187.
 - [20] Kvale S, Brinkman S. Interviews: Learning the craft of qualitative research interviewing. London: Sage Publications; 2009
 - [21] Silverman, D. Interpreting qualitative data. 4th Ed. London: Sage publications; 2011.
 - [22] Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: Analyzing qualitative data, Bryman A, Burgess RG. London: Routledge 1994, p.173-194.
 - [23] Meleis AI. Safe womanhood is not safe motherhood: Policy implications. *Health Care Women I* 2005; 26: 464–471.
 - [24] Wood JM, Mansfield PK, Koch PB. Negotiating sexual agency: Postmenopausal women's meaning and experience of sexual desire. *Qual Health Res* 2007; 17: 189-200.
 - [25] Mollen D, Stabb SD. Women's sexuality and meaning making. *J Constr Psychol* 2010; 23: 295–320.
 - [26] Ha VS. The harmony of family and the silence of women: sexual attitudes and practices among rural married women in northern Viet Nam. *Cult Health Sex* 2008; 10: S163-76.

- [27] Agunbiade OJ, Ayotunde T. Ageing, sexuality and enhancement among Yoruba people in south western Nigeria. *Cult Health Sex* 2012; 14: 705-717.
- [28] Obermeyer CM, Reher R and Saliba M. Symptoms, menopause status, and country differences: a comparative analysis from DAMES. *Menopause* 2007; 14: 788-797.
- [29] Banister EM. Women's midlife experience of their changing bodies. *Qual Health Res* 1999; 9: 520-537.
- [30] Travis CB, Meghinis KL, Bardari KM. Beauty, sexuality and identity: The social control of women. In: Brown Travis C, White JW, editors. *Sexuality, Society and Feminism*, Washington, DC: American Psychological Association; 2000, p. 237-272.
- [31] Wehbi, S. Women with nothing to lose: Marriageability and women's perceptions of rape and consent in contemporary Beirut. *Women Stud Int Forum* 2002; 25:287-300.
- [32] Simon W and Gagnon JH. Sexual scripts: Permanence and change. *Arch Sex Behav* 1986; 15: 97-20.